

Arkansas Early Childhood Comprehensive Systems Initiative

Social-Emotional Health Work Group--

DATE and TIME: February 27, 2006, 2 - 4:30 p.m.
Members Present: Patti Bokony, Bruce Cohen, Lynn Lincoln, Ann Patterson, Martha Reeder, Rhonda Sanders, Dan Sullivan, and Paula C. Watson.
Regrets: Rachel Bowman, Laura Butler, Richard Hill, and Sandra Reifeiss.
The meeting was called to order by Bruce Cohen.
Agenda Item #1: QRS Overview - Next Step - Martha Reeder
<p>Discussion: Martha Reeder provided an overview of the QRS development status. At the February 8 meeting, the QRS group completed Level 2 and Part of Level 3 of the Parent/Family/Community Performance Measure. She mentioned that the QRS Sub-group anticipates completing the Performance Measures at the next meeting on March 10.</p> <p>Martha suggested that this group review the remaining items that have not been considered on Levels 3, 4, and 5 and clarify any SEH information. She remarked that Rhonda Sanders presented on behalf of the Medical Home Work Group to the QRS group at the last meeting and defined specifically what is meant when referring to the Medical Home.</p> <p>The Medical Home Work Group also prepared a sheet with recommendations to the QRS Sub-Group using the Child Data Sheet example from Licensing as the guide. They are suggesting, beginning with Level 2, that the Programs maintain health information on each child:</p> <div><div></div><div>✍ Physician's name and telephone number</div><div>✍ Health insurance status</div></div> <p>The information may be incorporated into the enrollment forms for the child or kept as a separate health form. The providers on the QRS group wanted to be able to have the option of using their own form. Whatever form is used, this is the information that is needed. In the tool kit, the Division would have recommended forms for each QRS level.</p> <p>The Licensing form will have to be adjusted to incorporate the additional information. Somewhere in a child's records these elements must be included.</p> <p>The Medical Home group did not want the health insurance information listed. They simply wanted to ask if the child has medical insurance and, if not, have the "ARKIDS First information available.</p>

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Agenda Item #1, Continued: QRS Overview - Next Step - Martha Reeder

Discussion: One of the questions asked at the QRS meeting related to the need for a better term than "Medical Home." Discussion followed. Some of the comments related to the question include:

- ? The rest of the nation is using that term and perhaps Arkansas should do a better job of educating people about what is meant by the term, "Medical Home."
- ? All the terminology that people see or hear will not be something that they are familiar.
- ? Perhaps some like "child/health partnership" could be used instead—the idea of partnering between all the people that provide care to the child.

Other comments were made regarding the Quality Rating Scale in general:

- ? There are a lot of conceptual problems with the whole thing.
- ? What is quality right now does not fit into the new quality rating scale.
- ? The new system is asking for things that have never been asked for before.
- ? Some things are already being done because of ECERS and ITERS.
- ? There is already some miscommunication and misinterpretation out there.
- ? The trainers that we have are rating child-care programs.
- ? There is some shifting occurring in the rating programs—under the new system, a program may be a four instead of a seven.
- ? There needs to be a clear definition of what the standards are.
- ? Private providers may not see the funding at this time.
- ? It is important to show that the requirements are common everyday things that can be done by anyone. Most of the things until you get to the top level are just monitoring and keeping on the radar.
- ? Six of the seven measures in the Arkansas program are all across the United States. The one special one is parent/community/partnership.
- ? Under the QRS system the staff is going to cost more. Reimbursement rates may be made based on the tiers.
- ? Funds from Medicaid need to be increased; some programs under Medicaid have not received raises in many years (for instance, the dental program).
- ? ARNETT is not out there yet. Some programs are already doing it. There will be ARNETT training this summer. *(Tentatively scheduled for early July 2006)*
- ? It needs to be clear that this is a draft. Nothing is written in stone and it has many hurdles still to go through, including pilot projects across the state. There will be many opportunities for refinement of QRS.
- ? It is not in the best interest of the parent to disclose to providers that a child is into biting or temper tantrums.
- ? In the tool kit, this group should have a listing of mental health organizations.
- ? There needs to be a commitment from mental health organizations—memos of understanding are needed. This group needs to layout where children can go for help when eligible for Medicaid.
- ? Tool kit items—Provide anticipatory guidance on what to do in certain cases.

Agenda Item #2, Level 3 - Formalized Transitioning Plan
<p>Discussion: Martha Reeder asked the group to look at Level 3, second page, under the Parent/Family/Community Partnership, last recommendation, written in Red. It reads:</p> <p>Formalized transitioning plan to be developed (from home to child care, and appropriate age-group transitions.) She indicated that if this group wants a formalized transitioning plan, it needs more concrete instructions. Discussion followed. Some of the comments included:</p> <ul style="list-style-type: none">? This refers to transition to child care from the home and transition to age group—going from home to infant, to toddler to other age group transitions in a child care setting.? It may also mean helping parents transition from one classroom to another.? Can't have a formalized plan without having interaction with the parents.? There is a need for parents to spend time in the new environment with the child.? Parents should be told what to expect—awareness of transition—timetable, etc.? Parents must be told in advance when it happens.? What are we going to ask child care providers to do? It was suggested that it be included in the community plan.? The centers should have a rudimentary transition plan to build on something already using.? On Level 3, the timetable for normal transitioning should be included in the parent handbook. <p>Following the discussion, the recommendation for Level 3 was changed to: Parent handbook contains scheduled transitions of children (from home to child care and appropriate age group transitions). It was also moved to "Administrative Policies and Procedures" with Parent Handbook."</p> <p>Level 4. Following discussion, it was decided that it would remain the same as Level 3</p> <p>Level 5. Following discussion, it was decided that it would read: Parent Handbook contains developmental milestones for transitions, and also be part of Administrative Policies and Procedures.</p>
Agenda Items #3: Tool Kit - Martha Reeder
<p>Discussion: Martha prepared a sample tool kit for Level 2 for sharing with the QRS Sub-group. As she was preparing it with the assistance of Diana Courson, she noted that the Division will have to contract out the tool kit. Input and contributions from other people will be accepted. Items in it must be "best practice" and there will be some copyright approvals needed, etc.</p> <p>There will be a tool kit for each Level. The first page of each level is the checklist, which has everything that they need to document. For every item that needs documenting, there will be at least one or more examples in the tool kit. There will also be an online tool kit available with other information linked to it. Other technical assistance will also be available online. It will not just be a "tool kit" but also an accountability piece at the same time. If an item is not concrete enough to go in the tool kit, its value may need to be re-evaluated.</p>

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Agenda Item #3: Level 4 - Care Plan- Martha Reeder

Discussion: Martha remarked that when the QRS group was at the retreat last October (2005), there were some things placed in the components that were not fleshed out in entirety. The group developed a kind of trust in each other and felt that there were not ready to spell everything out. All the other measures were developed by the QRS group, but the Parent/Family/Community Partnership was developed by other work groups. There is a difference in them accepting recommendations from other groups. The trust level has not developed.

Under Level Four, if a "care plan" recommended by this group, this group must produce a care plan. Recommendation reads: **Any care plans involving child on file. (Care plan refers to any medical condition for which child is being treated may be temporary, broken arm, etc)** Discussion followed. It was suggested that perhaps it should be called a progress and follow-up plan to help guide your work. Another suggestion: Child Progress and Follow-up.

Any care plans involved child on file should be changed to: Child personal data sheet, follow up on file.

Agenda Item #4: Developmental Screening

Discussion: Martha mentioned that the next primary task related to QRS is to make a recommendation regarding developmental screening. There must be at least one that could be recommended with explanatory and follow-up sheets. Perhaps one could be offered that has no copyright. Suggested also that perhaps another one could be recommended, even one that has a cost attached to it.

The group was reminded that the Pediatric Symptom Checklist is not copyrighted.

Martha remarked that at the next meeting of the group any recommended pieces should be available for discussion. A decision needs to be made before the April 12 meeting of the QRS group.

Agenda Item #5: Strengthening Families Initiative - Martha Reeder

Discussion: Martha Reeder informed the group that March 14-1 , staff and guests related to the Center for the Study of Social Policy will be coming to Little Rock working with Arkansas on the review of the SFI Annual Report. On the 14th visits will be made to two Promising Practice Programs.

On the 15th in the morning, the Leadership Team will meet. If others have an interest in attending or calling in to the meeting, you can let us know. In the afternoon, we will be meeting with trainers to discuss how the protective factors can become part of the training program throughout the state.

The Children's Trust Fund has put out an RFP to help states implement Strengthening Families. The maximum is 25,000. We will be applying for this grant. The deadline is March 1 .

The QRS group has approved using a compressed version of the Strengthening Families self-assessment as part of Levels 3, 4, and 5, beginning with training for the administrative director on how to use the self-assessment. In the tool kit there is an example of the compressed self-assessment with an instruction and an action plan sheets. We hope to develop a 3-4 hour online module to satisfy the requirement for Level 3 on how to use the self-assessment.

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Agenda Item #5, Continued: Strengthening Families Initiative – Martha Reeder

Discussion. Martha reported that ero to Three has developed a training based on the five protective factors related to the Center for the Study of Social Policy. It is a much longer training than the 3-4 hour online module we are planning. ero to Three has shared with Martha a draft of six of the units. We will have to identify what parts we want to use and price it out.

The online site needs to be an interactive site. Someone will be needed to manage the content of the site.

Agenda Item #6: Wrap-up – Next Meeting Date – Adjournment

Discussion: Martha reminded the group that the next step after the Performance Measures are completed is to look at accountability throughout the draft of the proposed quality rating scale. Then, financing QRS will be the final step.

Next Meeting Date: April 4, 2006, 1:30 – 3:30 p.m. at Freeway Medical.

There being no further business, the meeting was adjourned.

RESULTING TASKS AND ASSIGNMENTS:

- ? Martha Reeder is to incorporate the changes in the QRS proposal for presentation to the QRS Sub-Group.